

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004685 (1)**

1. Corporation Name

IGLESIA DEL SENOR, INC.

Principal Place of Business

Mailing Address

**1712 E. BUSCH BLVD.
TAMPA FL 33612**

**P.O. BOX 9899
TAMPA FL 33674**



3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

59-3391486

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REGISTERED CORPORATE AGENT INC.
612 S. GREENWOOD AVE.
CLEARWATER FL 34618**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

33618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

4/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P VELAZQUEZ, JUAN M**
STREET ADDRESS **8310 N HILLSBOROUGH LN.**
CITY-ST-ZIP **TAMA FL 33604**

TITLE ☐ DELETE
NAME **VP VELAZQUEZ, ROSA**
STREET ADDRESS **8310 N. HILLSBOROUGH LN.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☒ DELETE
NAME **ST ALGARIN, MERADES**
STREET ADDRESS **6919 N. 11TH ST.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☒ DELETE
NAME **TR VELAZQUEZ, MIGUEL A REV.**
STREET ADDRESS **2019 E 149TH ST**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ DELETE
NAME **TR VELAZQUEZ, ANNA E**
STREET ADDRESS **2019 E 149TH ST**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ DELETE
NAME **T ALGARIN, ARISTIDES**
STREET ADDRESS **6919 N. 11TH ST.**
CITY-ST-ZIP **TAMPA FL 33612**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TR LETICIA SALAS**
1.3 STREET ADDRESS **1023 W. CHARTER ST.**
1.4 CITY-ST-ZIP **TAMPA, FL 33602**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T JUAN SALAS**
2.3 STREET ADDRESS **1023 W. CHARTER ST.**
2.4 CITY-ST-ZIP **TAMPA, FL 33602**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **ST IRIS NEGRON**
3.3 STREET ADDRESS **2320 N. Highland Ave.**
3.4 CITY-ST-ZIP **TAMPA, FL 33602**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T LEONARDO RODRIGUEZ**
4.3 STREET ADDRESS **TAMPA, FL 336**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

[Signature]

(813)

935-1349

CR2E037 (10/97)